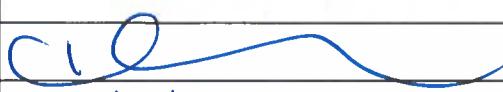
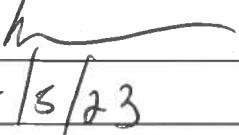


**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST
IN A CONTRACT TO PROVIDE SOCIAL SERVICES
PURSUANT TO 930 CMR 6.07**

RECEIVED
STATE ETHICS COMMISSION

STATE EMPLOYEE INFORMATION		2023 APR 18 PM 1:31
Name of state employee:	Tanya Pospisil	
Title/ Position:	Director of Psychology, Medical Services Tewksbury Hospital	
Agency/Department:	Tewksbury Hospital Department of Public Health	
Agency Address:	365 East Street Tewksbury MA 01876	
Office phone:	978-851-7321 x2233	
Office e-mail:	tanya.pospisil@mass.gov	
<p>I am a state employee, and I seek to have a financial interest in a contract or agreement made by a state agency listed below, or by a provider or organization funded by a state agency listed below:</p> <p>A state agency within the following Executive Offices:</p> <p style="margin-left: 40px;">Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p style="margin-left: 40px;">Executive Office of Public Safety and Security,</p> <p style="margin-left: 40px;">Executive Office of Elder Affairs,</p> <p style="margin-left: 40px;">Executive Office of Veteran's Services, or</p> <p style="margin-left: 40px;">A sheriff's office.</p> <p>The purpose of the contract is:</p> <ul style="list-style-type: none"> - To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or - To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies. <p>I seek approval of the arrangement from the agency for which I serve as a state employee and from the state agency above that made the contract.</p>		
FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY		
<p>PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.</p>		
1) Service to a state agency	<input checked="" type="checkbox"/> I will provide personal or educational services to a state agency listed above. Please identify the state agency and also the Executive Office it is in, if applicable. Executive Office of Health and Human Services Department of Developmental Services	

2) Service to a provider or organization	<p><input type="checkbox"/> I will provide personal or educational services to a provider or organization funded by a state agency listed above.</p> <p>Please provide the name and address of the provider or organization.</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p>
3) Service to a person or persons	<p><input type="checkbox"/> I will provide personal services directly to a person or persons who receive services from, or have services paid for by, a state agency listed above.</p> <p>Please identify the state agency that provides services to, or pays for services for, the person or persons, and also the Executive Office it is in, if applicable.</p>
Please describe the services you will provide.	<p>Please provide information about the type of personal or educational services you will provide. Please do not include the name of any individual who receives services.</p> <p><i>The Department of Developmental Services (DDS) is seeking psychologists to review DDS eligibility packets received from families/individuals interested in becoming eligible for DDS services.</i></p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible.</p> <p><i>Hourly rate of \$81.00</i></p>
Employee signature	 <i>Tanya Pospisil Ph.D.</i>
Date:	<i>4/3/2023</i>
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	<i>Richard M. CMO</i>
Office phone	<i>978-851-7321 X 1992450</i>
Office e-mail	<i>richard.m@mass.gov</i>
Signature by appointing authority	<p>By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.</p> 
Date:	<i>4/5/23</i>

APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)	
Name and title of person giving approval at the state agency that made the contract	Ashley Boyd Fermin DDS Northeast Region Director of Clinical Services
Office phone	351-426-0173
Office e-mail	ashley.boydfermin@mass.gov
Signature by person giving approval	By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee. <i>Ashley m Boyd Ferri</i>
Date:	4/7/2003

Attach additional pages if necessary.

File with:

State Ethics Commission
One Ashburton Place, Room 619
Boston, MA 02108

Form revised February, 2012